

Modification of Diet in Renal Disease Study
LOCAL BLOOD PRESSURE FORM

Complete this form at screening and every month throughout the study. Every four months for stop point patients and every year for Study F patients.

If a second blood pressure is done after B3 for eligibility label as B 3.9.

For items 9-11, parts c and d do not need to be completed. Datalex will calculate these values automatically.

This form must also be completed for standing blood pressure measurements at F12, F24, F36, and F48 for both Follow-Up and Study F patients. For standing measures, only the first BP reading needs to be done. All three are not required.

Q4b Visit type. In addition to the usual visit types, type = K was added for Study C post stop point visits.

For DCC Use Only
Rev. 3 10/6/89

E ___
V ___
T ___

MDRD

Modification of Diet in Renal Disease Study Local Blood Pressure Form

This form is to be completed in conjunction with every clinic visit (Forms 3, 4, 5, 12, and 47).

FORM # **46**

- 1. Patient Identification Number.....
- 2. Patient Name Code.....
- 3. Clinical Center.....
- 4. a. Date of visit..... / /
b. Visit Type.....
c. Visit Number.....
- 5. a. Time of Day (24-hour clock) of Blood Pressure..... :
b. Blood Pressure position.....
 - 1 = Sitting (for routine measurement)
 - 2 = Standing (in addition to routine sitting, annually)
- 6. Cuff Size.....
 - 1 = Small Adult (less than 24cm)
 - 2 = Adult (24 - 32cm)
 - 3 = Large adult (33 - 41cm)
 - 4 = Other
- 7. a. Observed Pulse Obliteration Pressure.....
b. Zero Value
c. Corrected Pulse Obliteration Pressure (Item 7a - 7b)
d. R-Z maximum zero number.....
+ 20
e. Peak Inflation Level (item 7c + 7d + 20).....
- 8. Pulse (beats/minute (# in 30 seconds x 2))

**Modification of Diet in Renal Disease Study
Local Blood Pressure Form**

First random zero Blood Pressure

9. a. Reading Systolic/Diastolic (mmHg)..... _____/_____
b. Zero value..... _____
(Entry Point 90 will provide)
c. Corrected value (a - b) (mmHg)..... _____/_____
d. MAP _____

Second random zero Blood Pressure

10. a. Reading Systolic/Diastolic (mmHg)..... _____/_____
b. Zero value..... _____
(Entry Point 90 will provide)
c. Corrected value (a - b) (mmHg)..... _____/_____
d. MAP _____

Third random zero Blood Pressure

11. a. Reading Systolic/Diastolic (mmHg)..... _____/_____
b. Zero value..... _____
(Entry Point 90 will provide)
c. Corrected value (a - b) (mmHg)..... _____/_____
d. MAP _____

12. MAP for visit (average 10d, 11d) _____

101. Date this form completed..... ____/____/____

102. Certification number of Blood Pressure measurer _____

103. Date form entered..... ____/____/____

104. Certification number of data entry person _____

Retain a copy of this form for your files. Send the original to the MDRD Study Data Coordinating Center. Please use MDRD Study mailing labels:

MDRD Study Data Coordinating Center
Department of Biostatistics & Epidemiology
The Cleveland Clinic Foundation
9500 Euclid Avenue
Cleveland, Ohio 44195-5196
